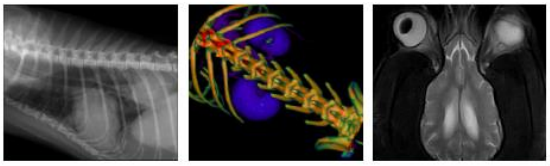
SonoPath Teleradiology

EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Bertie Cross

SPECIES

Canine

BREED

Yorkie Mix

SEX

MN

AGE

15 Years

INTERPRETED BY

Sebastian Schaub, DVM
Dr. med. vet. DipECVDI

HOSPITAL NAME

Wilson Veterinary Hospital

REFERRING VET

Dr. Griffin

INVOICE

54908

DATE

11-1-22

PRESENTING CLINICAL SIGNS

Pet was found as a stray in Jan 2022. In March of 2022, pet developed upper airway congestion. Since March, pet has been treated with several rounds of Doxycycline and Azithromycin. Initially the congestion improved, but returned, then progressed to R sided epistaxis that was non-responsive to treatment. In September 2022, neurologic symptoms were noted that have also progressed- head tilt to the L, very ataxic to the point of becoming non-ambulatory, and mentally dull/ obtunded. Biopsies of the R nasal passage were taken at the time of the scan
Abnormal PE/Chem/CBC/UA Results: Mild non-regenerative anemia, mild azotemia

COMPUTED TOMOGRAPHY OF THE SKULL

A high resolution pre- and post-contrast CT study of the skull is provided for review.

COMPUTED TOMOGRAPHIC FINDINGS

All teeth but triadan 407 are absent. Generalized moderate atrophy of the alveolar bone in all jaw quadrants is appreciated.

The nasal cavity bilaterally is obliterated by fluid attenuating material, R>L and advanced destruction of the nasal conchal&turbinate structures is appreciated. Mild left sided deviation of the nasal septum is appreciated. The horizontal plate of the right palatine bone presents with multifocal moth eaten osteolytic lesions.

The lens of both eyes presents mild peripheral punctuate mineralization.

Both temporomandibular joints present congruent joint spaces with even subchondral bone surfaces and are considered within normal limits.

Both tympanic bullae are aerated, the mucosal lining is not seen, the bony wall is smooth and thin. The external ear canals are within normal limits.

Incomplete ossification of the sutures of the calvarium is noted. The brain presents no deviation from normal anatomy and symmetry. The brain parenchyma is homogeneous and within normal limits for attenuation and distribution of contrast enhancement. The ventricular system is non-dilated and symmetric.

The submandibular and medial retropharyngeal lymph nodes are small and elongated with a normal short-to-long-axis-ratio is < 0.5, the attenuation and contrast enhancement pattern is uniform.

Bilateral mild punctuate mineralization of the parenchyma of the mandibular salivary glands is noted.

COMPUTED TOMOGRAPHIC DIAGNOSIS

- Soft tissue material obliterating nasal cavity, R>L
- All teeth are absent but triadan 407
- Suspect mild nucleus sclerosis lens ocular bulb bilaterally
- Mild dystrophic mineralization mandibular salivary gland bilaterally
- Normal brain

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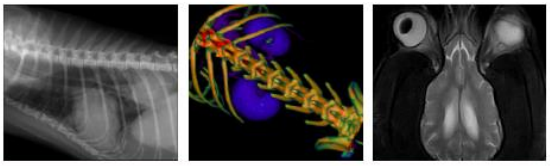

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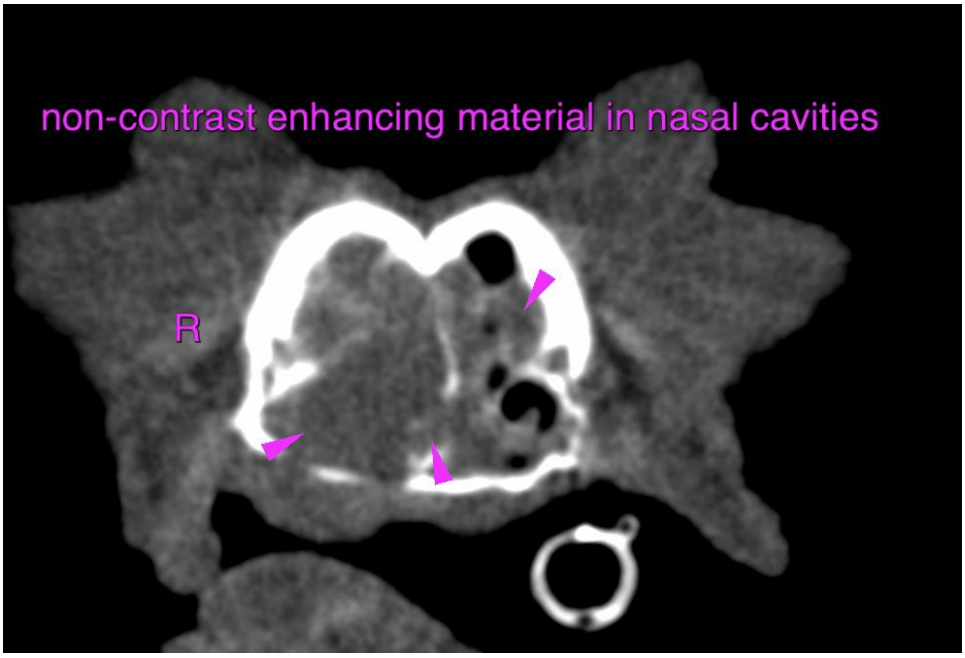
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The soft tissue material in the right nasal cavity exerts a mild mass effect on the nasal septum, increasing the odds for a non-contrast enhancing nasal mass, suggestive for primary nasal neoplasia (e.g. adenocarcinoma, squamous cell carcinoma, transitional cell carcinoma, lymphosarcoma, other). However, chronic destructive rhinitis with advanced nasal conchal destruction and possibly trapped nasal exudate needs to be considered as well. Rhinoscopy including biopsy has already been performed for further differentiation between inflammatory and neoplastic disease.

In the present study of the brain, there is no evidence of macromorphological disease, explaining the presenting neurological clinical signs.

If not yet done so the workup should be complemented by examination of CSF and complete bloodwork to screen for brain disease that is not necessarily associated with structural changes of the brain parenchyma and rule out hepatoencephalopathy and other systemic illness. In case of the strong clinical suspicion of structural intraparenchymal changes an MRI may be considered.



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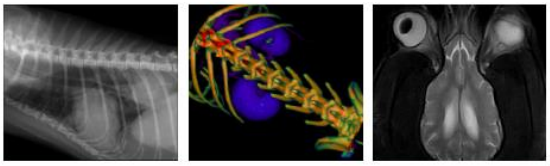

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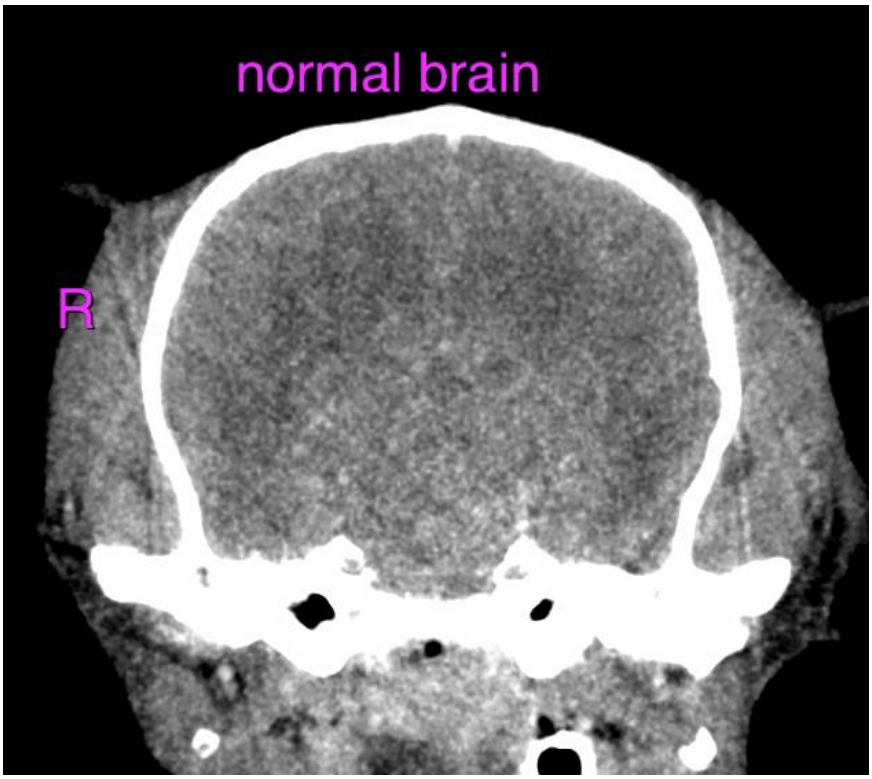

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Sebastian Schaub, Sebastian Schaub, DVM, Dr. med. vet. DipECVDI
sebast.schaub@gmail.com